

DATE

Timothy E. Adkins, Director
Certificate of Need
West Virginia Health Care Authority
100 Dee Drive
Charleston, WV 25311

Dear Mr. Adkins:

On behalf of [Name of application], please consider this letter a request for an exemption for the [description of project]. In accordance with W.Va. C.S.R. § 65-29, the following addresses the requirements for an application for exemption.

§65-29-4. Application.

An application for an exemption shall, at a minimum, include the following:

4.1. Name, address and contact information for the applicant;

Insert response.

4.2. Name, address and contact information for the person making the application;

Insert response.

4.3. Verifications from the person making the application and the CEO of the applicant entity;

Insert response and attach Verifications to the exemption application.

4.4. A copy of the governing body's written authorization empowering the CEO or his or her designee to authorize specified individuals to sign the application and to act on its behalf; and

Insert response and attach the governing body's written authorization to the exemption application.

4.5. A detailed description of the project, including but not limited to:

4.5.a. The location of the proposal;

Insert response.

4.5.b. A detailed statement of the services to be provided;

Insert response.

4.5.c. The exemption for which the applicant is applying with the appropriate Code citation;

Insert response.

4.5.d. A statement of the circumstances justifying approval of the exemption; and

Insert response.

4.5.e. A timetable for implementation of the project.

Insert response.

§65-29-5. Fee.

The application must be accompanied by a nonrefundable fee of \$1,000. Failure to file the required fee with the application is grounds for denial of the exemption.

Insert response. [Please note: Checks must be made payable to the West Virginia Health Care Authority].

If you have questions or need additional information, please do not hesitate to contact me.

Sincerely,

Name
Title